

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average 1.25 hours per response for registration and 0.25 hours per response for registration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, OPPE Information Management Division (2137), U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460.

Information Management Division (2137), U.S. Environmental Protection Agency, 401 Do not send the completed form to this address.	M Street, S.W., W	ashington, DC 20460.
Certification with Respect	to Citation of	Data
Applicant's/Registrant's Name, Address, and Telephone Number Thor GmbH, U.S. Agent: Thor Specialties, Inc., 50 Waterview Drive, Shelton, CT 06484		EPA Registration Number/File Symbol 67071-16
Active Ingredient(s) and/or representative test compound(s) 2-Bromo-2-nitropropane-1,3-diol; 5-Chloro-2-methyl-4-isothiazolin-3-one; 2-Methyl-4-isothiazolin-3-one		Date January 31, 2014
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158 Non-Food materials preservative	Product Name Acticide LA	
NOTE: If your product is a 100% repackaging of another purchased EPA-registere submit this form. You must submit the Formulator's Exemption Statement (EPA Form		or all the same uses on your label, you do not need to
I am responding to a Data-Call-In Notice, and have included with this form a be used for this purpose).	list of companies se	ent offers of compensation (the Data Matrix form should
SECTION I: METHOD OF DATA SUPP	ORT (Check one m	nethod only)
I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).	✓ under the	g the selective method of support (or cite-all option selective method), and have included with this form a d list of data requirements (the Data Matrix form must be
SECTION II: GENERAL (OFFER TO PAY	
I hereby offer and agree to pay compensation, to other persons, with regard to SECTION III: CERT		application, to the extent required by FIFRA.
I certify that this application for registration, this form for reregistration, or the application for registration, the form for reregistration, or the Data-Call-In response. In indicated in Section I, this application is supported by all data in the Agency's files that substantially similar product, or one or more of the ingredients in this product; and (2) is requirements in effect on the date of approval of this application if the application sough uses. I certify that for each exclusive use study cited in support of this registration the written permission of the original data submitter to cite that study. I certify that for each study cited in support of this registration or reregistration submitter; (b) I have obtained the permission of the original data submitter to use the scompensation have expired for the study; (d) the study is in the public literature; or (e) offered (l) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c) amount and terms of compensation, if any, to be paid for the use of the study. I certify that in all instances where an offer of compensation is required, cop accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be evidence to the Agency upon request, I understand that the Agency may initiate action FIFRA.	addition, if the cite- t (1) concern the prosent to prose a type of data that that the initial registral or reregistration, the contract that is not an exceptudy in support of the I have notified in write) (2) (B) of FIFRA; and the submitted to the proper submitted to t	all option or cite-all option under the selective method is operties or effects of this product or an identical or twould be required to be submitted under the data attion of a product of identical or similar composition and at I am the original data submitter or that I have obtained clusive use study, either: (a) I am the original data his application; (c) all periods of eligibility for iting the company that submitted the study and have hid (ii) to commence negotiations to determine the
I certify that the statements I have made on this form and all attachm knowingly false or misleading statement may be punishable by fine or impriso		
Signature Cheryl Woodward	Date 1/31/2014	Typed or Printed Name and Title Cheryl Woodward, Regulatory Specialist





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Do not send the completed form to this address.

Certification with Respec	t to Citation o	f Data	
Applicant's/Registrant's Name, Address, and Telephone Number Thor GmbH, U.S. Agent: Acti-Chem Specialties, Inc., 56 Quarry Rd., Trumbull, CT 06611		EPA Registration Number/File Symbol 67071-16	
Active Ingredient(s) and/or representative test compound(s) 2-Bromo-2-nitropropene-1,3-dial, 5-chloro-2-methyl-4-isothiazofn-3-one, 2-Methyl-4-isothiazofn-3-one		Date March 8, 2006	
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 156 Non-Food materials preservative	3)	Product Name Acticide LA	
NOTE: If your product is a 100% repackaging of another purchased EPA-register submit this form. You must submit the Formulator's Exemption Statement (EPA Formulator's Exemption Statement (EPA Formulator)		for all the same uses on your label, you do not need to	
I am responding to a Data-Call-In Notice, and have included with this form a be used for this purpose).	list of companies s	sent offers of compensation (the Data Matrix form should	
SECTION I: METHOD OF DATA SUP	PORT (Check one	method only)	
I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).	under th	ng the selective method of support (or cite-all option he selective method), and have included with this form a hed list of data requirements (the Data Matrix form must be	
SECTION II: GENERAL	OFFER TO PAY		
I hereby offer and agree to pay compensation, to other persons, with regard to		is application, to the extent required by FIFRA.	
I certify that this application for registration, this form for reregistration, or the pata-Call-In response. In application for registration, the form for reregistration, or the pata-Call-In response. In indicated in Section I, this application is supported by all data in the Agency's files the substantially similar product, or one or more of the ingredients in this product; and (2) requirements in effect on the date of approval of this application if the application sou uses.	n addition, if the cite at (1) concern the p is a type of data th	a-all option or cite-all option under the selective method is roperties or effects of this product or an identical or at would be required to be submitted under the data	
I certify that for each exclusive use study cited in support of this registration the written permission of the original data submitter to cite that study.	n or reregistration, t	hat I am the original data submitter or that I have obtained	
I certify that for each study cited in support of this registration or reregistrat submitter; (b) I have obtained the permission of the original data submitter to use the compensation have expired for the study; (d) the study is in the public literature; or (e) offered (I) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(amount and terms of compensation, if any, to be paid for the use of the study.	study in support of) I have notified in w (c)(2)(B) of FIFRA;	this application; (c) all periods of eligibility for writing the company that submitted the study and have and (ii) to commence negotiations to determine the	
I certify that in all instances where an offer of compensation is required, co accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will evidence to the Agency upon request, I understand that the Agency may initiate action FIFRA. I certify that the statements I have made on this form and all attachments.	be submitted to the n to deny, cancel or	Agency upon request. Should I fail to produce such r suspend the registration of my product in confidentity with	
knowingly false or misleading statement may be punishable by fine or impriso			
Signature Lyn P. Cardo	Date 6-11/0-11-0	Typed or Printed Name and Title Lynn P. O'Brien, Regulatory Affairs Goodinator	

EPA Form 8570-34 (9-97) Electronic and Paper versions available. Submit only Paper version,



United States Environmental Protection Agency Washington, DC 20460

Form Approved OMB No. 2070-0060 Approval Expires 11-30-93

SEPA Cartification with Respect to Citation of Data

pplicants Name and Address		EPA File Symbol/Registration Number	
nor Chemie GmbH		67071-RA	
andwehrstrasse 1, D-6732		ACTICIDE LA	
S. Agent: Thor Americas orwalk, CT 06851	, Inc., 37 North Av	Date of Application	
		January 1997	
	s, you do not need to subn	another EPA-registered product that you purchase, and nit this form. You must submit the Formulator's	
options are indicated, the properties or effects of the of data that would be reproduct of identical or s	is application is supported this product that is identic equired to be submitted if imilar composition and intention this application. (Check the	dor cited in the application. In addition, if cite-all by all data in the Agency's files that concern the cal or substantially similar, and that is one of the types this application sought the initial registration of a tended uses under the data requirements in effect on the appropriate boxes, in items 2 and 3 below, that	
I certify that, for each st study,	tudy cited in support of thi	s application for registration that is an exclusive use	
1 am the original su	bmitter*; or		
I have obtained the	written permission of the	original data submitter to cite that study*	
I certify that, for each study:	ady cited in support of this	application for registration that is not an exclusive use	
a. I am the original	l data submitter*; or		
I have obtained	the written permission of t	he original data submitter to cite that study*; or	
application and h 3(c)(1)(D) and 3(and (b) Commen	ave offered to: (a) Pay co (c)(2)(D) of the Federal Ir ce negotiations to determine IFRA and the amount and	at have submitted data I have cited to support this mpensation for those data in accordance with section asecticide, Fungicide and Rodenticide Act (FIFRA); ne which data are subject to the compensation terms of compensation due, if any. The companies I	
in my produc		Pata Submitters List for all active ingredients contained ll option under Selective Method*). (Also, sign the	
Those compa	anies that have submitted t	he studies which I have cited (Selective method*).	
* A Data Matrix identify cite-all method.)	ring these studies is attached	ed. (Note: a Data Matrix is not required under the	RECU



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comments regarding burden estimate or any other aspect of this collection of informat Information Management Division (2137), U.S. Environmental Protection Agency, 401 Do not send the completed form to this address.					
Certification with Respect to Citation of Data					
Applicant's/Registrant's Name, Address, and Telephone Number Thor GmbH, U.S. Agent: Acti-Chem Specialties, Inc., 56 Quarry Rd., Trumbull, CT 06611		EPA Registration Number/File Symbol 67071-16			
Active Ingredient(s) and/or representative test compound(s) 2-Bromo-2-nitropropane-1,3-diol, 5-chloro-2-methyl-4-isothiazolin-3-one, 2-Methyl-4-isothiazolin-3-one		Date August 7, 2002			
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158) Non-Food materials preservative	Product Name Acticide LA				
NOTE: If your product is a 100% repackaging of another purchased EPA-registere submit this form. You must submit the Formulator's Exemption Statement (EPA Form		r all the same uses on your label, you do not need to			
I am responding to a Data-Call-In Notice, and have included with this form a be used for this purpose).	list of comp <mark>anies</mark> ser	nt offers of compensation (the Data Matrix form should			
SECTION I: METHOD OF DATA SUPP	ORT (Check one me	ethod only)			
I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).	under the	the selective method of support (or cite-all option selective method), and have included with this form a list of data requirements (the Data Matrix form must be			
SECTION II: GENERAL (OFFER TO PAY				
[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements] I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.					
SECTION III: CERTI	IFICATION				
I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-In response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.					
I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.					
I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (I) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to the amount and terms of compensation, if any, to be paid for the use of the study.					
I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.					
I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					
Signature Lynn P. B'Buina	Date	Typed or Printed Name and Title Lynn P. O'Brien, Regulatory Affairs Coordinator			

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Certification with Respect to Citation of	Data			
Applicants/Registrants Name, Address, and Telephone Number THOR CHEMIE GmbH US Agent: Acti-Chem Specialties, Inc., 56 Quarry Rd, Trumbull, CT 06611	EPA Registration Number/File Symbol 67071-16			
Ph: 203-365-6530 Active ingredients) and/orrepresentative test compound(s) Chloromethylisothiazolinone and Methylisothiazolinone	Cate 25 January 2000			
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 155) Terrestial, Non-food and Industrial Non-Food	Product Name ACTICIDE LA			
NOTE: If your product is a 100% repackaging of another purchased EPA-registered product labeled for submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).	or all the same uses on your label, you do not need to			
I am responding to a Data-Call-In Notice, and have included with this form a list of companies set be used for this purpose).	int offers of compensation (the Data Matrix form should			
SECTION I: METHOD OF DATA SUPPORT (Check one m	ethod only)			
a list of companies' sent offers of compensation (the Data Matrix form XX under the	g the selective method of support (or cite-all option selective method), and have included with this form a d list of data requirements (the Data Matrix form must be			
SECTION II: GENERAL OFFER TO PAY				
I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this SECTION III: CERTIFICATION	application, to the extent required by FirmA.			
I certify that this application for registration, this form for reregistration, or this Data-Call-In response. In addition, if the other dicated in Section I, this application is supported by all data in the Agency's files that (1) concern the product substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that requirements in effect on the date of approval of this application if the application sought the initial registratuses. I certify that for each exclusive use study cited in support of this registration or relegistration, the	rell opton or cite-all option under the selective method is operfies or effects of this product or an identical or twould be required to be submitted under the data at one of a product of identical or similar composition and			
the written permission of the original data submitter to cite that study.				
I certify that for each study cited in support of this registration or reregistration that is not an explusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (I) to pay compensation to the extent required by sections 3(b)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (F) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.				
I certify that in all instances where an offer of compensation is required, copies of all offers to p accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or FIFRA.	Agency upon request. Should I fall to produce such suspend the registration of my product in conformity with			
I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.				
Signature On those 1/25/00	Typed or Printed Name and Title Anthony T. Coscia Manager, Regulatory Affairs			

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